U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Use Only
	(AUG 152005)
E	PMS DROTT

Name Russell

1. File Number **U** - 682

3. Name and address of person filing.

G Montgomery

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Ironworkers Local 769

	Labor Organization File Number 027-464				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 289				
Street 12010 Virginia Blvd.	Street 2151 Greenup Ave.				
City Ashland	City Ashland				
State Kentucky ZIP Code + 4 41102	State Kentucky ZIP Code + 4 41101				
5. Position in labor organization.					
Enter appropriate data below lf, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
City .					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Russell Mortgoner	On 8/8/2005 (606) 929-9656				
Form I M-30 (2003)	Date Telephone Number				

Name of Person Filing Russell Montgomery		File Number U -		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name IMPACT	57			
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 1750 New York Avenue, NW, Nw Lobby	c. Employer			
City Washington				
State District of Columbia ZIP Code + 4 20006				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir			
Name .	Recieves contributions from Employers who have Collective Bargaining Contracts with local unions - \$4,519,541. IMPACT leases office space and employees			
Trade Name, if any:	from Ironworkers - \$1,057,284.			
P.O. Box, Bldg., Room No., if any				
Street	44 - 4			
City	11.b. Approximate dollar value12.a. Nature of interest held			
State ZIP Code + 4	St. Louis Regional	Conference/Impact RAB April 21, egional Advisory Board - Food and		
	12,b. Amount.	\$99		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name		•		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing Russell Montgomery	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Ironworkers Dist. Cncl. of St. Louis & Vic.	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 3544 Watson Road	c. Employer	
City St. Louis		
State Missouri ZIP Code + 4 63139-2058		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Joint District Council Meeting (St. Louis/Tennessee Valley/Southern Ohio District Councils) August 24-26, 2004. Gilbertsville, KY. Approximatley 160 Ironworkers attending meetings and joint activities. Guests and speakers also in attendance. \$10,541	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$10,541	
	12.a. Nature of interest held or income received.	
•	8/24/2004 -Dinner-(BBQ)-11.18 8/25/2004 -Golf Tournament-\$32.75 per person 8/25/2004 -Dinner-(Fish Fry)-\$23.44 8/26/2004 -Dinner-(Banquet)\$14.95	
	12.b. Amount. \$82	